## APPLIANCE DEMANUFACTURING ANNUAL REPORT January 1, 2024 – December 31, 2024

## 22-ADP-01-03

Please make address corrections as necessary

RECEIVED

JAN 2 3 2025

FRED RUNDE CLAYTON COUNTY RECYCLING 11645 ECHO AVE PO BOX 861 MONONA IA 52159 REPORT IS DUE ON OR BEFORE January 31, 2025

Send completed form to: lowa Department of Natural Resources Land Quality Bureau 6200 Park Avenue, Ste 200 Des Moines, Iowa 50321

Or Email: <u>Becky.jolly@dnr.iowa.gov</u>
Or Fax: 515-725-8202, Attn: Sue Johnson

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

ONo

Are appliances containing mercury accepted at this facility?

X Yes

ONo

Are appliances containing sodium chromate accepted at this facility?

OYes

ŎŅo

Are appliances containing PCB capacitors and ballasts accepted at this facility?

**X**Yes

ONo

Number of Appliances Demanufactured in each category			
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	100	Furnaces	
Commercial coolers		Clothes washers and dryers	32
Air-conditioning units	60	Dishwashers	10
Dehumidifiers	19	Microwave Ovens	22
Gas Water Heaters		Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	7

Storage Dates			
Date the first item was placed in the mercury storage drum that is in use on December 31.	5-18-24	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	518.24

Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	1	Amount of Refrigerant Removed	28 /bs
Number of mercury thermocouples removed.(Not in lbs)		Number of PCB capacitors removed. (Not in lbs)	5
Number of fluorescent tubes removed.(Not in lbs)	10	Number of PCB ballasts removed. (Not in lbs)	

11	umber of sodium chromatopliances shipped to anot	0		-	
	1				
21 Certification I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.					
Si	gnature:	Name & Agency of	f Person Certifying	Date:	Telephone Number:
E	nail: grccr@neitel.net	(please typ	pe or print)	117.72	Su3 S39, 47S ) Fax Number:
5	ine eccryciy	cling.com		,	563 539 4735

**Sodium Chromate Appliances** 

Additional Comments:	
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In accordance with Iowa Administrative Code 567 Chapter 118.13(1) – Annual reports with the information required in subrule 118.13(2) are due January 31 each year for the activities of the previous calendar year shall be retained at the facility for at least three years.

DNR form rev 3/13

542-8005